The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Office of Registe The Physician who attended any person in a last illness, is responsible for the person superintending the burial, within about four hours after the death of sai requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. esentation of this Certificate, accurately filled out, after the death of said deceased, or sooner, if

Date of Death, Sely 21"
Full Name of Deceased, {Write leadily and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, 16 Months, Days.
Color, Whitz
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, of Order of Proliferations of the City of Proliferation of the City of the C
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } # 725 Baker
Cause of Death, { First (Primary), Rolera Sufaufuuu Second (Immediate), Shaus Lion
Duration of Last Sickness, Half the above information should be furnished by the Physician.
Place of Burial, Landen Tark Counting
Date of Burial, July 22 4 1887)
(Undertaker, Mudatice Facher True of Vuch M. D.
Place of Business, 606 % Commence St.) Address, Orffle and During
Extract from Populations of the Roard of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department, City of Baltimore. The Physician who attended any person in a last illness, i tation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty hours after the death of said deceased, or sooner

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of thic Certi

if requested so to do, under penalty of law. No Permit for Burial can be Obtained Without A Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July, 21 7/887
Full Name of Deceased, { Write lexibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days
Color, While
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation, Right Place State or country, and how Bulli
(if of foreign birth.
Place of Death & Give Street and & 808 Sommers & St-
Number.
Cause of Death, { First (Primary), Second (Immediate), Maraemus
Duration of Last Sickness,
Place of Burial, Il Morther Com.
Date of Burial, July of held of Alrego Sherty of M. D.
Undertaker, N. Gentle Co. Medical Attendant.
Place of Business, 915 N. Gay St. Address, 1102 & Bulte It

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Mevariment Office of Revisirar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. CERTIFICATE Date of Death,.... Full Name of Deceased, { White legibly and spell correctly. If an Infant not named, give names of parents. Downs Sex, Male or Female, {Cross out the word not } required in this line. Days. Age, Married, Single, Widow or Widower, {Cross out the words not required in this line. } ... name Occupation,.... Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,. 1148 Columbia Place of Death, Give Street and Number. First (Primary), --Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business, 10-0

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Department,

of Baltimore.

Permit No. Office of Begistrar of Vital Statistics. Ward
The Physician who attended any person in a last ithness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, vitriin the sty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Profer Certificate.
CERTIFICATE OF DEATH.
Date of Death, They 3 Stu 1869
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Days.
Color, colile
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
(First (Primary), Molera Defaule
Cause of Death, Second (Immediate), Commediate)
Duration of Last Sickness, 2 44
Place of Burial, Mount farmed fem.
Date of Burial, Buly 22 nd 87 6 1
(Undertaker, G. Banco M. D. Medical Attendant
Place of Business, Bank & Holfe Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No.

requested so to do, under penalty of law.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

The Physician who attended any person in a last illness, is responsible to the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if

Statistics.

No Permit for Bur	CIAL CAN BE OBTAINED WITHOU	A PROPER CERTIFICATE.
CERTIF	ICATE OF	DEATH.
Date of Death,	Sully	20/17
Full Name of Deceased, \begin{cases} \text{Write legibly} \text{correctly. If not named, g of parents.} \end{cases}	and spell an Infant ive names	our Medinger
Sex, Male or Female, { cross out the word required in this li	d not }	rie
Age, Years	8,	Months, Days
Color,	gr.	
Married, Single, Widow or Widow	ver, {Cross out the words not }	
Occupation,		
Birth Place, State or country, and how long in the United States, if of foreign birth.	4	136
Duration of Residence in the City	y of Baltimore,	4
Place of Death, Give Street and Number.	423	1. E den
Cause of Death, $\begin{cases} & \text{First (Primary),} \\ & \text{Second (Immediate),} \end{cases}$	Emperfeet	Theres & anosis
Duration of Last Sickness,	the Physician.	ce suill
Place of Burial, Soly Te	dumestem.	
Date of Burial, July J.	100	21/m x,40
\ Undertaker, \ Solonia	and t-	Medical Attendant.
(Place of Business, Jon 4	Address,	2220.10 16

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death,

Undertaker,

(Place of Business, 9) and

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cortalizate. Bealth Bepartment, City of Office of Registrar of What States The Physician who attended any person in a last illness, is responsible for the proto the Undertaker or other person superintending the burial, within twenty-four lowers rtificate, accurately filled out, id deceased, or somer, if requested so to do, under penalty of law.

No Permit for Burial can be Obtain to without a Date of Death, Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } required in this line. } Months, Days. Age, Married, Single, Willow or Willower, {Cross out the words not } Occupation, Labore Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, 94 Place of Death, (Give Street and) 1912 & Fagelfe Cause of Death, { First (Primary), Crushed by a large lo Second (Immediate), Auc Duration of Last Sickness, U. Toly Redeems Com Place of Burial, Date of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 158.6 Office of Registre of Vital Surjects. Ward The Physician who attended any person in a last illness presponsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burnal, within landy for holds after the death of said deceased, or sooner, it requested so to do, under penalty of law.
CERTIFICATE OF DEATH.
Date of Death. Luly 21- & Y
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, 3 Months, Days.
Color, which -
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1005 mc Source
(First (Primary), Cholera Infantium.
Cause of Death, Second (Immediate),
Duration of Last Sickness, 24 from All the above information should be furnished by the Physician.
Place of Burial, Ballimore lemetery
Date of Burial, July 2200
Sundertaker, Se a Schilling Sungellet M. D. Medical Attendant.
Place of Business, Ashland Byna Address, 1204 & Monumerat A

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and committon (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Bealth Menartment. City of Baltimore.

		, 9		10
Permit No. 15	,		Vital Statistics	
requested so to do under t	penalty of law		* 47 /	is Certificate, accurately filled on h of said deceased, or sooner,
()	o PERMIT FOR BURIAL CAN	BE OBTAINED WIT	HOUT A PROPER UNATE	TCATE.
C	ERTIFICA	ATE	F DEA	rH.
Date of Death,		Juli	1 19-188	7
Full Name of Dece	eased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	} Ran	July 40	immonel
Sex, Male or Femo	ale, {Cross out the word not }			
Age,	Years,	•7	Months,	Days
Color,			Culoud	
Married, Single, W	$Vidow\ or\ Widower, \{^{ m Cro}_{ m reg}\}$	oss out the words not } quired in this line.		
Occupation,				
Birth Place, State or long in t	country, and how he United States, eign birth.		Balto.	mel
Duration of Resid	ence in the City of	Baltimore,	dife.	
Place of Death, {Gi	ve Street and \ Number. \		608 V	ncentral
0 0 0 4	First (Primary),	A	oute ly	sentenz
Cause of Death,	Second (Immediate),		asthema	
Duration of Last	Sickness, should be furnished by the Physic	ian.	6 day	
Place of Burial,	thump st ben	ety		'
Date of Burial,	uly21 189		0 4	X
(Undertaker Wil	111 14	gel "	onn o.	Medical Attendant.
Place of Busine	88,150 Cast 1	Address	8, 640 m.	Carrello

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Scention of Physicians is nespectivity invited to the Remarks below, and to list of Diseases on Back of this Certificate.

Bealth Department, City of Baltimore.

The state of the s	00000	
The Physician who attended any person in a last illness are spensible for the presentations, to the Undertaker or other person superintending the barral, within the many-fort hour	tion of this Cartificate as	eventely filler
out to the Undertaken or other person superintending the basel will be been	one of on the death of said	descrip paren
to the Undertaker of other person superintending the Darial, within the superintending	rs after the death of said	ueceased, or
sooner, if requested so to do, under penalty of law.		and the same of th
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT V PROPER	CERTIFICATE.	

CERTIFICATE OF DEATH.

Date of Death,	guy,	20-	884	
E. II Mama of Decement correct	legibly and spell tly. If an Infant amed, give names ents.	direction	Marnes	
Sex, Male or Female, {Cross out the required in	e word not }	Femal	e	
Age, Y	ears,	O Month		Days
Color,	*********	Black		
Married, Single, Widow or Wi	dower, {Cross out the wor	ds not }		
Occupation,		non	e	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	······································	Baltinis	re city	1
Duration of Residence in the Co	ity of Baltimore.	Luci	birth !	
	124	1. /	tet 1	
$Cause of Death, egin{cases} ext{First (Primary)}, \ ext{Second (Immediates)} \end{cases}$	ate), E	Chaurt	ton	
Duration of Last Sickness,		Hday	2	
All the above information should be furnis				
, ,	9 nd 15 87	Jun 1	V. Mile	W-D
Undertaker, CHX.	Hemste		Medical Attendant.	м. р.
Place of Business,	14 Orchard	Address 14	38 Er Ball	moe

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ar as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and he cause and date of death.

Place of Business, C.

The Special Attention of Physicians is Respectinity invited to the Remarks below, and to List of Diseases on Back of this Certificate
Health Department, Gity of Baltimore.
Permit No. 1589. Office of Registrar of Vital Statistics. Ward 3 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law. No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Quely 20
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Mole or Female, {Cross out the word not }
Age, 7 3 Years, Months, 29 Day
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, /
Birth Place, {State or country, and how long in the United States, for foreign birth.
Duration of Residence in the City of Baltimore, Inquar Tycars last train
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), Second (Immediate), Second (Immediate)
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, / Cotten Comles / De 1/
Date of Burial, Duly 224 1889 (UFURELLE M. D
J Undertaker, Det Lown Gall Medical Attendant.

Address,.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.